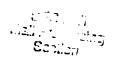
## FORM D

Name of Offering



Ails Or Zuba

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

| ОМВ                   | APPR   | OVAL  |         |
|-----------------------|--------|-------|---------|
| OMB Num               |        |       | 35-0076 |
| Expires:<br>Estimated | April  | 30.2  | 2008    |
| Estimated             | averag | e bur | den     |
| hours per r           |        |       |         |

1442288

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

( check if this is an amendment and name has changed, and indicate change.)

| SEC    | USE O     | VLY    |
|--------|-----------|--------|
| Prefix | 1         | Serial |
| DA     | TE RECEIV | ED     |
|        |           | 1      |

| Blackfire Exploration Ltd.   |  |
|--|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment  | O Droe   |
| A. BASIC IDENTIFICATION DATA   |  |
| 1. Enter the information requested about the issuer  | 08057421   |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)   |  |
| Blackfire Exploration Ltd.   |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 4150, 825-8th Avenue S.W., Calgary, AB T2P 2T3   | Telephone Number (Including Area Code) 403-264-0700  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) if different from Executive Offices)   | Telephone Number (Including Area Code)               |
| Brief Description of Business  | (P)  |
| Mining   | <b>5</b>   |
| business trust   limited partnership, to be formed   | PROCESSED  AUG 0 8 2008                              |
| Month Year  Actual or Estimated Date of Incorporation or Organization: 0 9 0 0 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)  | THOMSON REUTERS                                      |
| GENERAL INSTRUCTIONS   |  |
| Federal:<br>Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D-<br>77d(6).   | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address. |  |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20  | <b>9549</b> .  |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.   | ly signed. Any copies not manually signed must be    |
| Information Required: A new filing must contain all information requested. Amendments need only report<br>thereto, the information requested in Part C, and any material changes from the information previously supported by the SEC.   |  |
| Filing Fee: There is no federal filing fee.  |  |
| State:   |  |

ATTENTION-

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.



this notice and must be completed.

|  |                    | A. BASIC IDE                  | NTIFICATION DATA              |                   |   |
|--|--------------------|-------------------------------|-------------------------------|-------------------|---|
| 2. Enter the information reque             | sted for the follo | owing:                        |                               | <u> </u>          | •   |
| • Each promoter of the i                   | ssuer, if the issu | uer has been organized w      | ithin the past five years;    |                   |   |
| Each beneficial owner                      | having the powe    | er to vote or dispose, or dir | ect the vote or disposition ( | of, 10% or more o | f a class of equity securities of the issue |
| <ul> <li>Each executive officer</li> </ul> | and director of    | corporate issuers and of      | corporate general and man     | aging partners of | partnership issuers; and                    |
| Each general and mans                      | aging partner of   | partnership issuers.          |                               |                   |   |
| Charle Dawler) share Annahur               |                    | Daneficial Owner              | ☑ Executive Officer           | Diseases          | Cararal and/or                              |
| Check Box(es) that Apply:                  | Promoter           | Beneficial Owner              | Executive Officer             | Director          | General and/or Managing Partner             |
| Full Name (Last name first, if inc         | dividual)          |                               |                               |                   |   |
| Willis, Brent                              |                    |                               |                               |                   |   |
| Business or Residence Address              |                    |                               | de)                           |                   |   |
| 216 Scenic Glen Bay N.W.,                  | Calgary, Alb       | erta T3L 1J2                  |                               |                   |   |
| Check Box(es) that Apply:                  | Promoter           | Beneficial Owner              | Executive Officer             | Director          | General and/or Managing Partner             |
| Full Name (Last name first, if inc         | dividual)          |                               |                               |                   |   |
| Willis, Bradley                            |                    |                               |                               |                   |   |
| Business or Residence Address              | (Number and S      | Street, City, State, Zip Co   | de)                           |                   |   |
| 15 Tuscany Glen Place N.W.                 | ., Calgary, All    | berta T3L 2T6                 |                               |                   |   |
| Check Box(es) that Apply:                  | Promoter           | Beneficial Owner              | Z Executive Officer           | Director          | General and/or                              |
|  | •                  | _                             | ~                             |                   | Managing Partner                            |
| Full Name (Last name first, if inc         | dividual)          |                               | ***                           |                   |   |
| Avila, Emiliano Canales                    | ·                  |                               |                               |                   |   |
| Business or Residence Address              | (Number and S      | Street, City, State, Zip Co   | de)                           |                   | ·   |
| Calle 9 #218 X24 Y26 Col.,                 |                    |                               | •                             |                   |   |
| Check Box(es) that Apply:                  | Promoter           | Beneficial Owner              | Executive Officer             | / Director        | General and/or                              |
| · · · · · · ·                              | J                  |                               |                               | <b>&amp;</b>      | Managing Partner                            |
| Full Name (Last name first, if inc         | dividual)          |                               |                               |                   | <del></del>                                 |
| Willis, Craig                              | ,                  |                               |                               |                   |   |
| Business or Residence Address              | (Number and S      | Street, City, State, Zip Co   | de)                           | -                 |   |
| 2447 Uxbridge Drive N.W.,                  | •                  |                               | •                             |                   |   |
|  | Promoter           | Beneficial Owner              | Executive Officer             | Director          | General and/or                              |
| · / · · · ·                                | J                  | L.                            |                               | <b></b>           | Managing Partner                            |
| Full Name (Last name first, if inc         | dividual)          |                               |                               |                   | <u>-</u>                                    |
| Avila, Artemio                             |                    |                               |                               |                   |   |
| Business or Residence Address              | (Number and S      | Street, City, State, Zin Co   | de)                           |                   |   |
| 6817 Windcrest Lane, Fort                  |                    |                               | ,                             |                   |   |
| Check Box(es) that Apply:                  | Promoter           | Beneficial Owner              | Executive Officer             | Director          | General and/or                              |
|  | ]                  |                               |                               |                   | Managing Partner                            |
| Full Name (Last name first, if inc         |                    |                               |                               |                   |   |
| - an ramine (base timile 1115t, 11 like    |                    |                               |                               |                   |   |
| Business or Residence Address              | (Number and S      | Street, City, State, Zip Co   | de)                           |                   |   |
| Dubiness of Residence Addiess              | (.vemoer and a     | Alou, ony, state, zip co      | <del></del> ,                 |                   |   |
| Check Box(cs) that Apply:                  | Promoter           | Beneficial Owner              | Executive Officer             | Director          | General and/or                              |
| Control Dovices, man Apply.                | 7                  | L Descriptor Owner            |                               |                   | Managing Partner                            |
| Full Name (I ast name first 16 in-         | dividual)          |                               |                               |                   | <del></del>                                 |
| Full Name (Last name first, if inc         | JIVIUUBI)          |                               |                               |                   |   |
| Dusiness as Decidence & Classic            | Alumber - 2.0      | Street Clay Street 20 C       | 44)                           |                   |   |
| Business or Residence Address              | (14mmnct and 2     | Street, City, State, Zip Co   | uc/                           |                   |   |



|           |  |                                |                |              | В. П        | NFORMAT       | ION ABOU      | T OFFERI                             | NG            |             |             |                 |         |
|-----------|--|--------------------------------|----------------|--------------|-------------|---------------|---------------|--------------------------------------|---------------|-------------|-------------|-----------------|---------|
| 1.        | Has the  | issuer sold                    | , or does th   | ne issuer it | ntend to se | ll, to non-a  | ccredited i   | nvestors in                          | this offer    | ing?        |             | Yes             | No      |
|           | Answer also in Appendix, Column 2, if filing under ULOE.   |                                |                |              |             |               |               |                                      |               |             |             |                 |         |
| 2.        | 2. What is the minimum investment that will be accepted from any individual?   |                                |                |              |             |               |               |                                      |               |             | \$_N/A      | <del></del>     |         |
| 3.        | Does th  | e offering 1                   | oermit join    | t ownershi   | p of a sing | le unit?      | ·····         |                                      |               |             |             | Yes<br><b>⊠</b> | No      |
| 4.        | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such |                                |                |              |             |               |               |                                      |               |             |             |                 |         |
|           |  | s, list the na<br>r or dealer, |                |              |             |               |               |                                      |               | ciated pers | ons of such |                 | ,       |
| Ful<br>N/ |  | Last name                      | first, if indi | ividual)     |             |               |               |                                      |               |             |             |                 |         |
|           |  | Residence .                    | Address (N     | umber and    | i Street, C | ity, State, 2 | (ip Code)     |                                      |               |             | <del></del> |                 |         |
|           |  |                                |                |              |             |               |               | ···                                  |               |             |             |                 |         |
| Nar       | ne of Ass  | sociated Br                    | oker or De     | aler         |             |               |               |                                      |               |             |             |                 |         |
| Sta       | tes in Wh  | ich Person                     | Listed Has     | Solicited    | or Intends  | to Solicit    | Purchasers    |                                      | •             |             |             |                 |         |
|           | (Check   | "All States                    | " or check     | individual   | States)     | •••••         | ************* | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               |             |             | ☐ All           | States  |
|           | AL   | AK                             | AZ             | AR           | CA          | CO            | CT            | DE                                   | DC            | FL          | GA          | HI              | ID      |
|           |  | IN Time                        | [A]            | KS           | KY          | LA            | ME            | MD                                   | MA            | MI          | MN          | MS              | MO      |
|           | MT<br>RI   | NE SC                          | NV<br>SD       | NH<br>TN     | NJ<br>TX    | NM<br>UT      | NŸ<br>[VT]    | NC<br>VA                             | ND<br>WA      | OH<br>WV    | OK<br>WI    | OR WY           | PA PR   |
| _         |  |                                | ( <u>UD</u> )  |              |             |               |               | V/11)                                | ****          |             |             |                 |         |
| Ful       | l Name (l  | Last name i                    | first, if ind  | ividual)     |             |               |               |                                      |               |             |             |                 |         |
| Bus       | siness or  | Residence                      | Address (1     | Number an    | d Street, C | City, State,  | Zip Code)     |                                      |               | <u> </u>    |             |                 |         |
| Nar       | ne of Ass  | sociated Br                    | oker or De     | aler         |             |               |               |                                      |               |             |             |                 |         |
| Sta       | tes in Wh  | nich Person                    | Listed Has     | Solicited    | or Intends  | to Solicit    | Purchasers    |                                      |               |             |             |                 | <u></u> |
|           | (Check   | "All States                    | " or check     | individual   | States)     | •••••         | ************  |                                      | ************  |             |             | ☐ All           | States  |
|           | AL   | AK                             | AZ             | AR           | CA          | CO            | CT            | DE                                   | DC            | FL          | GA          | HI              | ID      |
|           | IL   | IN                             | IA             | KS           | KŸ          | LA            | ME            | MD                                   | MA            | MI          | MN          | MS              | MO      |
|           | MT   | NE SCI                         | NV<br>(SD)     | NH           | NJ<br>TTV   | NM<br>TIE     | NY            | NC VA                                | ND<br>WA      | OH WW       | OK OW       | OR<br>WV        | PA      |
| _         | RI   | SC                             | SD             | [TN]         | TX          | <u>UT</u>     | VT            | <u>VA</u>                            | WA            | WV          | WI]         | WY              | PR      |
| Ful       | l Name (l  | Last name                      | first, if indi | ividual)     |             |               |               |                                      |               |             |             |                 |         |
| Bus       | siness or  | Residence                      | Address (?     | Number an    | d Street, C | City, State,  | Zip Code)     | 31111                                |               |             |             |                 |         |
| Nar       | ne of Ass  | sociated Br                    | oker or De     | aler         |             |               |               |                                      | · · · · · · · |             |             |                 |         |
| Sta       | tes in Wh  | ich Person                     | Listed Has     | Solicited    | or Intends  | to Solicit    | Purchasers    | <del></del>                          |               | <del></del> |             |                 |         |
|           | (Check   | "All States                    | " or check     | individual   | States)     | •••••         |               |                                      |               |             | •••••       | ☐ All           | States  |
|           | AL   | AK                             | AZ             | AR           | CA          | CO            | CT            | DE                                   | DC            | FL          | GA          | HI              | ĪD      |
|           | IL,  | NE                             | IA STATE       | KS           | KY          | LA            | ME            | MD                                   | MA            | MI          | MN          | MS              | MO      |
|           |  | LINE                           | NV             | NH           | NJ          | NM            | NY            | NC                                   | ND            | OH          | OK          | OR              | PA      |



### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and   |                     |          |                                      |
|----|--|---------------------|----------|--------------------------------------|
|    | already exchanged.   | Aggregate           |          | Amount Already                       |
|    | Type of Security   | Offering Price      | c        | Sold                                 |
|    | Debt   |                     |          | \$                                   |
|    | Equity 2,000 Class B Common Shares   | 17,120.00           | _        | \$_17,120.00                         |
|    |  |                     |          |                                      |
|    | Convertible Securities (including warrants)  | <u> </u>            | _        | \$                                   |
|    | Partnership Interests  | S                   |          | <b>\$</b>                            |
|    | Other (Specify)  |                     |          |                                      |
|    | Total  | 17,120.00           | _        | <u>\$ 17,120.00</u>                  |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                     |          |                                      |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             | Number<br>Investors |          | Aggregate Dollar Amount of Purchases |
|    | Accredited Investors   | 1                   |          | s 17,120.00                          |
|    | Non-accredited Investors   |                     |          | \$                                   |
|    | Total (for filings under Rule 504 only)  |                     |          | \$                                   |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                     |          |                                      |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                     |          |                                      |
|    | Type of Offering   | Type of Security    |          | Dollar Amount<br>Sold                |
|    | Rule 505   |                     | _        | \$                                   |
|    | Regulation A   |                     | _        | <b>S</b>                             |
|    | Rule 504   |                     |          | \$                                   |
|    | Total  |                     | _        | \$ 0.00                              |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                     |          |                                      |
|    | Transfer Agent's Fees  |                     |          | \$                                   |
|    | Printing and Engraving Costs   |                     |          | <b>\$</b>                            |
|    | Legal Fees   |                     | Z        | \$_2,500.00                          |
|    | Accounting Fees  | •••••               |          | \$                                   |
|    | Engineering Fees   |                     |          | s                                    |
|    | Sales Commissions (specify finders' fees separately)   |                     |          | \$                                   |
|    | Other Expenses (identify)  |                     |          | s                                    |
|    | Total  |                     | <b>Z</b> | \$_2,500.00                          |



|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF I  | PROCEEDS   |                       |
|----|--|--|-----------------------|
|    | b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."   | 1  | \$ 14,620.00          |
| ·. | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. |  |                       |
|    |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others |
|    | Salaries and fees  | □ \$   | . <b>S</b>            |
|    | Purchase of real estate  | \$   | . 🗆 \$                |
|    | Purchase, rental or leasing and installation of machinery and equipment  |  | s                     |
|    | Construction or leasing of plant buildings and facilities  | \$   | . 🗆 <b>s</b>          |
|    | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   | <b>□\$</b>   | □\$                   |
|    | Repayment of indebtedness  | _  | _                     |
|    | Working capital  | _  | _                     |
|    | Other (specify):   |  |                       |
|    |  | s  | . []\$                |
|    | Column Totals  |  | <b>S</b> 14,620.00    |
|    | Total Payments Listed (column totals added)  |  | 1,620.00              |
|    | D. FEDERAL SIGNATURE   |  |                       |
| ig | e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commister information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of  | ssion, upon writte                                     |                       |
| SS | uer (Print or Type) Signature  | Date   |                       |
| Bl | ackfire Exploration Ltd.   | July <b>3/</b> , 2008                                  |                       |
| •  | me of Signer (Print or Type)  Title of Signer (Print or Type)  Test dent   |  |                       |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|          |   | E. STATE SIGNATURE                      |                                     | •         |                |
|----------|---|---|-------------------------------------|-----------|----------------|
| 1.       | Is any party described in 17 CFR 230.262 provisions of such rule?   |   |                                     | Yes       | No<br><b>K</b> |
|          | Se  | e Appendix, Column 5, for state res     | sponse.                             |           |                |
| 2.       | The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as requi   |   | any state in which this notice is f | iled a no | tice on Form   |
| 3.       | The undersigned issuer hereby undertakes t issuer to offerees.  | to furnish to the state administrators  | s, upon written request, informat   | ion furn  | ished by the   |
| 4.       | The undersigned issuer represents that the limited Offering Exemption (ULOE) of the of this exemption has the burden of establishments. | state in which this notice is filed and | d understands that the issuer clai  |           |                |
|          | uer has read this notification and knows the con<br>thorized person.  | itents to be true and has duly caused t | his notice to be signed on its beha | lf by the | undersigned    |
| Issuer ( | Print or Type)  | Signature / //                          | Date                                |           |                |
| Blackfi  | re Exploration Ltd.   | Water                                   | July <b>3/</b> , 2008               |           |                |
| Name (   | Print or Type)  | Title (Print or Type)                   | •                                   |           |                |

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# 

|       | to non-a                              | to sell<br>ccredited<br>s in State<br>-Item 1) | and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |        |     |    |
|-------|---------------------------------------|--|--|--------------------------------------|--|--|--------|-----|----|
| State | Yes                                   | No   |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No |
| AL    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| AK    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| ΑZ    |                                       | *  |  | О ,                                  | \$0.00   | 0  | \$0.00 |     | K  |
| AR    |                                       | ×  |  | 0 .                                  | \$0.00   | 0  | \$0.00 |     | ×  |
| CA    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| cò    | •                                     | ×  | 2,000 Class B Common<br>Shares / \$17,120.00                           | 1                                    | \$17,120.00  | 0  | \$0.00 | -   | ×  |
| СТ    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| DE    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| DC    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| FL    |                                       | ×  | -  | 0                                    | \$0.00   | 0  | \$0.00 |     | ĸ  |
| GA    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| HI    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| ID    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| IL    |                                       | ×  |  | o                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| IN    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| IA    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| KS    |                                       | ×  |  | o                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| KY    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| LA    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| ME    | _                                     | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| MD    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| MA    |                                       | к  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ĸ  |
| MI    | · · · · · · · · · · · · · · · · · · · | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| MN    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |
| MS    |                                       | ×  |  | 0                                    | \$0.00   | 0  | \$0.00 |     | ×  |



## **APPENDIX**

| 1     | Intend<br>to non-a<br>investor | to sell ccredited s in State | Type of security and aggregate offering price offered in state (Part C-Item 1) |                         | 4  Type of investor and amount purchased in State  (Part C-Item 2) |                             |        | under Sta<br>(if yes,<br>explana<br>waiver | ification<br>ate ULOE |
|-------|--------------------------------|------------------------------|--|-------------------------|--|-----------------------------|--------|--|-----------------------|
|       | (rait b                        | -Rem 1)                      | (Fait C-item 1)  | Number of<br>Accredited | (rait  | Number of<br>Non-Accredited |        | (rait L                                    | riciii 1)             |
| State | Yes                            | No                           |  | Investors               | Amount   | Investors                   | Amount | Yes  | No                    |
| МО    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| МТ    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| NE    |                                | ×                            |  | o                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| NV    |                                | ×                            |  | 0                       | <b>\$</b> 0.00   | 0                           | \$0.00 |  | ×                     |
| NH    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| NJ    |                                | ×                            | <u> </u>   | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| NM    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| NY    | i                              | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| NC    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| ND    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| ОН    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| ок    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| OR    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| PA    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| RI    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| SC    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| SD    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| TN    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| TX    |                                | *                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ĸ                     |
| UT    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| VT    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| VA    |                                | x                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| WA    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| wv    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |
| WI    |                                | ×                            |  | 0                       | \$0.00   | 0                           | \$0.00 |  | ×                     |



|       |                                |   |  | APP                                  | ENDIX               |  |  |     |    |
|-------|--------------------------------|---|--|--------------------------------------|---------------------|--|--|-----|----|
| 1     | Intend<br>to non-a<br>investor | 2<br>I to sell<br>ccredited<br>s in State | Type of security and aggregate offering price offered in state |                                      | Type o<br>amount pu | under St<br>(if yes,<br>explan<br>waiver | lification<br>ate ULOE<br>, attach<br>ation of<br>granted) |     |    |
| State | (Part B                        | No  | (Part C-Item 1)  | Number of<br>Accredited<br>Investors | (Part               | Number of<br>Non-Accredited<br>Investors | Amount   | Yes | No |
| WY    |                                | ×   |  | 0                                    | \$0.00              | 0  | \$0.00   |     | ×  |
| PR    |                                | к   |  | 0                                    | \$0.00              | 0  | \$0.00   |     | ×  |



**END**